

September 2013

NOW ACCEPTING REFERRALS FOR PAIN MANAGEMENT AND OPTIMIZATION OF FUNCTION

REFERRALS ARE COVERED BY MSP

Our pain physicians maximize innovative non-pharmacological options that improve nociceptive and neuropathic persistent pain not addressed by traditional rehabilitation approaches.

The GP maintains responsibility for overall prescribing and medication management.

We recommend early referral for especially the following:

Common Presentations of Pain or Functional Impairment Treated:

Low Back Pain	Whiplash	Headaches	Psoas Syndrome
Abdominal Pain NYD	TMJ	Sciatica	Sports/Overuse Injuries
Fibromyalgia	Frozen Shoulder	Neck, Shoulder, Upper Back Pain	
Tendonitis - all Types	Plantar Fasciitis	Foot Pain	Trigeminal Neuralgia

We cannot accept patients who are immuno-suppressed, pregnant, or unable to travel to the clinic for repeat treatments. We may not be able to treat fully anti-coagulated patients.

Services available:

- Consultations
- **Non-pharmacological pain treatment is our core program.**
- Other treatments may include:
 - Standard pain therapies delivered by RCPSC pain specialists
 - Lidocaine and ketamine infusion clinic
 - Botox Migraine Clinic
- Group medical visits
 - movement restoration led by movement specialists
 - pain science education
 - other self-management programs
- Adolescent pain clinic (ages 12 to 18) will be held monthly if there is demand for this service

Convenient location at 41st and Cambie in Vancouver

- Free parking
- Easily accessible by public transport (on Canada Line)

For more information: www.changepain.ca



FAX REFERRAL TO: 604-566-9102

NOTE: We DO NOT accept active WorkSafeBC patients, unless prior WSBC approval is in place. We cannot accept referrals for patients who are immuno-suppressed or pregnant.

Referring Physician PLEASE PRINT _____ **MSP billing number** _____

Office phone _____ **Fax** where would you like us to send consult letters? _____

Patient Information OR ATTACH PATIENT LABEL (we will not accept incomplete referrals)

Name _____ Phone h _____

DOB mm.dd.yyyy _____ w _____

PHN _____ c _____

Address _____ City, Postal code _____

Email _____ ICBC Claim # _____

WSBC Claim# _____ WSBC preapproval _____

Reason for referral and treatment goals letter attached

Cumulative Patient Profile (Medical History Summary) letter attached

Is the patient taking anti-coagulants? (treatment may not appropriate for fully anti-coagulated patients)

****No-Charge referral 3333 put through to– MSP billing # 09032 (Dr. Greg Siren)** complete

(Dr. Siren receives all referrals on behalf of CHANGEpain. We will forward the referral to the CHANGEpain consulting physician as appropriate.)